

LOBBYING SUPPLEMENTAL REGISTRATION FORM

→ RENEWAL ←

To be used for changes to registrations and terminations.

#68

Lobbyist's Registration Number

Instructions

1-15-00

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 1-19-00

Rec'd
1-19-00
\$10.00
150

1000511

1. NAME DODDS BARBARA A.
Last First MI2. BUSINESS PHONE: 225-344-3326 Office
504-892-86713. BUSINESS ADDRESS 850 NORTH 5th ST. #103 BATON ROUGE LA 70802
Street and No. City State ZipMAILING ADDRESS 143 TCHEFUNCIE DR. COVINGTON, LA 70433
Street and No. City State Zip4. EMPLOYER LEAGUE OF WOMEN VOTERS OF LOUISIANA - NO PAY5. EMPLOYER'S ADDRESS 850 NORTH 5th ST. #103 BATON ROUGE LA 70802
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes ☐ No ☒

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name _____

Address _____

Business or purpose _____

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

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2. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____
3. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Barbara A. Dodd
Signature of Lobbyist

